



Protecting our children,  
families and future

Mitchell E. Daniels, Jr. , Governor  
James W. Payne. Director

Indiana Department of child Services Programs and Services Division  
302 W. Washington Street, Room E306, MS08  
Indianapolis, Indiana 46204-2773

317-232-8116  
FAX:317-234-4633

[www.in.gov/dcs](http://www.in.gov/dcs)

Child Support Hotline: 800-840-8757  
Child Abuse and Neglect Hotline:800-800-5556

DEAR APPLICANT: THE STATE PROVIDES TRAINING ORIENTATION SESSIONS FOUR TIMES A YEAR, TO INFORM THOSE WHO ARE INTERESTED IN OPENING AND OPERATING THE FOLLOWING TYPES OF FACILITIES.

**CHILD CARING INSTITUTION; GROUP HOMES; PRIVATE SECURE FACILITIES; LICENSED CHILD PLACING AGENCY**

TRAINING WILL BE HELD AT THE TRAINING CENTER  
INDIANA GOVERNMENT CENTER SOUTH  
402 WEST WASHINGTON STREET  
INDIANAPOLIS, INDIANA 46204

*Registration is at 9:30 am (EST): for Child Caring ,Group Home and Private Secure Facilities training - Rm.17  
Training is scheduled from 10:00 am until approx.4:00 pm*

*Registration is at 1:00 pm (EST) for Licensed Child Placing Agency training - Rm. D  
Training is scheduled from 1:00 pm until approx. 4:30 pm*

*(Please note: Classes are subject to cancellation due to low attendance)*

Training will be held on Wednesdays on the following dates

**February 2, 2011; April 6, 2011; June 1, 2011; October 5, 2010**

Please Contact Beverly Gatling @ 317-232-3476 for an initial assessment to determine needs.

Circle the date you wish to attend, and complete the information below. All information must be completed with a valid address and phone number or your registration **will not be accepted**.

Mail to: **Residential Licensing Unit / or send your email registration to: [Gurline.jones@dcs.in.gov](mailto:Gurline.jones@dcs.in.gov)**  
**Attention: Gurline Jones**  
**Division of Family & Children**  
**302 W. Washington St.**  
**IGCS Room E-306**  
**Indianapolis, IN 46204**

*You may also fax the completed registration to: 317-234-4633. (Fax, email, or postmark must be dated 7 working days prior to class date or you will automatically be placed in the next class) For questions, please call 317-232-8116*

**TYPE OF TRAINING REQUESTED**

Please circle the one you are interested in: Child Caring Institution; Group Home; Private Secure Facility;  
Licensed Child Placing Agency;

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE : \_\_\_\_\_ (must be valid)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

***DUE TO LIMITED SPACE, ONLY TWO (2) PERSONS MAY ATTEND***

Persons attending: Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**THIS FORM MUST BE RECEIVED 7 WORKING DAYS PRIOR TO THE REQUESTED TRAINING DATE**